



ADDENDUM #5

(Changes to RFP-2021-DBH-11-PSYCH are in **bold, underlined and italicized text** in order to enable vendors to quickly recognize changes in paragraphs and/or wording).

RFP-2021-DBH-11-PSYCH

Psychiatric Residential Treatment Facility for Children's Behavioral Health

On October 23, 2020, the New Hampshire Department of Health and Human Services published a Request for Proposals, soliciting proposals for the provision of Psychiatric Residential Treatment Program (PRTF) that will provide high-quality behavioral health treatment services in a residential setting.

The Department is publishing this addendum to:

1. Modify Section 1.5 Contract Period to read:

1.5 Contract Period:

The Contract resulting from this RFP will be effective upon Governor and Executive Council approval, through **June 30, 2024.**

The Department may extend contracted services for up to six (6) additional years contingent upon satisfactory Vendor performance, continued funding and Governor and Executive Council approval.

2. Modify the first paragraph to Section 2.1.1 General target population for residential system as follows:

The target population for the PRTF is New Hampshire children, youth and young adults ages 5 to under age 21, in accordance with 42 CFR 151, who have more intensive behavioral and mental health needs that cannot be provided in a community setting or in lower levels of residential treatment.

For this and future residential procurements, we are focused on serving children and youth with a genuine and established treatment need (as determined by an independent assessor). In particular, PRTF will serve children with higher and/or more specialized needs that has exceeded the current Residential Treatment Levels of Care available in New Hampshire.

3. Modify Section 2.2.2 Overview of the PRTF Model, third paragraph to read:

The desired provider must understand and have experience in treating this level of care successfully. The Provider will implement the PRTF(s) at location(s) approved by the Department and work with the Department on the process of obtaining federal CMS approval for operations of such a program. Services shall be consistent with the Center for Medicaid Services Guidelines. The CAT will be utilized to support the identification of referrals for the PRTF level of care and the PRTF determination **will be certified by a Doctor of Medicine or psychiatrist.**



4. **Modify Section 2.2.3.4 Admissions and Discharges, second paragraph to read:**

The Department envisions a PRTF that receives and accepts all referrals that have been made based on an appropriate level of care (LOC) and recommendations determined by the CAT and in rare cases without the LOC determination if there is an emergent need that is supported by the Department and identified by recently conducted Child and Adolescent Needs and Strengths Assessment (CANS). **The Department requires the Vendor to rapidly make acceptance decisions within seven (7) calendar days from receiving the referrals and make accommodations to admit the youth into the program.**

5. **Modify Section 2.2.3.4 Admissions and Discharges, fourth paragraph to read:**

Once admitted, the PRTF will provide active treatment for the youth until the time the youth is able to transition to a lower level of care successfully (i.e. return to their home community or a lower level of care). The PRTF is expected to work with both the CME and the next treatment provider to prepare the provider for a supported transition, which includes a translation of the treatment and skills developed by the youth during their course of treatment. Program ejection will only be allowed by the Department in the extreme circumstances and these circumstances. In the event of a very temporary psychiatric hospitalization or some other event that would require the child to be away from the program for no more than 7 calendar days, this will not be considered a program ejection or discharge. **The Department will reimburse the Vendor for the bed hold days at the regular per diem rate for up to 7 calendar days. The Vendor will accept that child back into the program within 7 calendar days to resume their course of treatment. The Vendor may hold the bed longer than 7 calendar days, however the Department will not pay for those bed hold days. After 7 bed hold days, the vendor may discharge the child from the program.**

6. **Delete Section 2.2.3.14 Transportation and replace with:**

The Vendor will coordinate or provide transportation for all appointments. When it is safe and appropriate for a parent or guardian to provide such transportation, the Vendor will work with parents or guardians to have the parent or guardian provide transportation for their child.